

S. No. 2
M-2-43
5-17-39
P I X35697

FILED DEC 29 1944

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1299

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rosary Hill Invalid Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks
(Specify whether years, months or days)

In this community 5 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton ²⁵₀

(c) City or town Trimble ⁶₀
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FANNIE LEE CALVERT

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24
year 1944 hour 9 minute 15 a.m.

21. I hereby certify that I attended the deceased from Dec 8
1944 to Dec 23 1944
that I last saw him alive on Dec 23 1944
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: 4 19 63
(Month) (Day) (Year)

Immediate cause of death: Myocardial Degeneration
Chronic Myocarditis 8M
Due to Coronary atherosclerosis 10 yrs
senile dementia 2 yrs

Other conditions: ✓
(Include pregnancy within 3 months of death)

Major findings: 93%
Of operations: ✓

Of autopsy: ✓

8. AGE: Years 81 Months 8 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Rockingham Co. Va.
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? ✓ (Specify type of place) (e) Means of injury ✓

11. Industry or business _____

MOTHER FATHER { 12. Name Paul Zirkle

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Helena Bushong

15. Birthplace Va.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. R. Sademan

(b) Address Edgerton Mo.

17. (a) buried (b) Date thereof: 12 27 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stony Point Cem

18. (a) Signature of funeral director Ralphus - Neal

(b) Address Edgerton Mo.

19. (a) 12/27/44 (b) Helena Bushong
(Date received local registrar) (Registrar's signature)

23. Signat Charles H. Werner (City or town) (State)
Address 233 Kirkpatrick Blvd. 18-26

1377

1944

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Huron B. Nash

Licensed Embalmer No.

3947

P. O. Address

Edgerton Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.